

CLAIMS ONLY

Application Number

09/804,409

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED 6-26-06		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
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43						
44						
45						
46						
47						
48						
49						
50						
Total						
Indep						
Total						
Depend						
Total						
Claims						

	6-26-06					
	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
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98						
99						
100						
Total						
Indep						
Total						
Depend						
Total						
Claims						

1

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

Serial No. **09/804409**
Filing Date

6-26-06

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
102						
103						
104						
105						
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146						
147						
148						
149						
150						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	28	←	28	←		←
TOTAL CLAIMS	30		30			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
154						
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195						
196						
197						
198						
199						
200						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

1 cont.